

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18412

**Entity Name:** MELBOURNE REGIONAL CHAMBER OF EAST CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1005 EAST STRAWBRIDGE AVENUE  
MELBOURNE, FL 32901-4782

**Current Mailing Address:**

1005 EAST STRAWBRIDGE AVENUE  
MELBOURNE, FL 32901-4782

**FEI Number:** 59-1166430

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MALESIC, CHRISTIAN D  
1005 EAST STRAWBRIDGE AVENUE  
MELBOURNE, FL 32901-4782 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CHRISTIAN D. MALESIC

01/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOARD CHAIR  
Name HOWLETT, DALE  
Address 1005 E. STRAWBRIDGE AVENUE  
City-State-Zip: MELBOURNE FL 32901-4782

Title BOARD CHAIR ELECT  
Name PEOPLES, BRENT  
Address 1005 EAST STRAWBRIDGE AVENUE  
City-State-Zip: MELBOURNE FL 32901-4782

Title PAST BOARD CHAIR  
Name BRAGA, JULIE  
Address 1005 EAST STRAWBRIDGE AVENUE  
City-State-Zip: MELBOURNE FL 32901-4782

Title TREASURER  
Name MELHADO, MIKE  
Address 1005 EAST STRAWBRIDGE AVENUE  
City-State-Zip: MELBOURNE FL 32901-4782

Title PRESIDENT  
Name MALESIC, CHRISTIAN D.  
Address 1005 EAST STRAWBRIDGE AVENUE  
City-State-Zip: MELBOURNE FL 32901-4782

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTIAN D. MALESIC

PRESIDENT

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date